

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021912

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

341

FILED JUN 25 1962

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

Columbia

Length of stay in 1b

11 days

c. FULL NAME OF (If NOT in hospital, give location)

Univ. of Mo. Med Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Mississippi

c. CITY

CHARLESTON

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Route #3

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

Sullivan, Leroy J. CLARK

4. DATE OF DEATH

6 - 17 - 62

5. SEX

MALE

6. COLOR OR RACE

Colored

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-7-99

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ALFAFA Mill Employee

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (City and state or country)

CHARLESTON, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

GIP CLARK

13b. MOTHER'S MAIDEN NAME

—

14. NAME OF HUSBAND OR WIFE

MARY TYLER CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

—

17. INFORMANT

Wife, R. 3, Box 210, Charleston, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

UREMIC PERICARDITIS

INTERVAL BETWEEN ONSET AND DEATH

WKS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

BILAT. POLYCYSTIC KIDNEYS

CONG.

DUE TO (c)

URETHRAL STRICTURE, CHRONIC

YRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

RIGHT LOWER LOBAR PNEUMONIA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-5-62 to 6-18-62 and last saw him alive on 6-18-62

Death occurred at 12:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

R. C. Broadbent, M.D.

22b. ADDRESS

4010 W. HOSP. COLUMBIA, MO.

22c. DATE SIGNED

6/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 21, 1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove

23d. LOCATION (City, town, or county)

Charleston, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sparkes Funeral Home

25. DATE RECD. BY LOCAL REG.

6-17-62

26. REGISTRAR'S SIGNATURE

Mrs R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

1 0109

2 0670

3

4 2

5 1

6

7 0

8 1

9 757.1

10

11

12 2-0

13 3-0

JUN 26 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James A. Carter

Licensed Embalmer No. 21681

P. O. Address 21681

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.